

College of
DESIGN
ARCHITECTURE
ART
PLANNING

COMPREHENSIVE EXAMINATION

STUDENT INFORMATION

Student Name: _____ M# _____

Date Entering the PhD Program: _____

Student Signature Date

PRELIMINARY REQUIREMENTS

GPA: _____ (attach transcripts)

Date of Comprehensive Examination: _____

Student Request

Postpone the examination to a later date to be determined

EXAMINATION RESULTS

Pass Fail Date: _____

Chair Signature Date

Committee Member Signature Date

Committee Member Signature Date

Committee Member Signature Date

PhD Program Director Signature Date